

Smoke-Free Home and Car Pledge

I, _____, on _____
(Name) (Date)

pledge to protect my child/children from the health risks from secondhand
smoke by making my home and car smoke-free.



Want to quit smoking? Call 1-800-QUIT-NOW.

For more information call (501) 661-2783, or visit website stampoutsmoking.com.



Arkansas Department of Health

Smoke-Free Home and Car Pledge

Gender ☐ Male ☐ Female

Zip Code _____

Do you smoke? ☐ Yes ☐ No ☐ Occasionally

Do you use smokeless tobacco? ☐ Yes ☐ No ☐ Occasionally

Coalition Name _____

Event _____ Date _____